



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/824,410
	Filing Date	April 15, 2004
	First Named Inventor	Steven W. Mitchell
	Art Unit	3662
	Examiner Name	John B. Sotomayor
Total Number of Pages in This Submission	Attorney Docket Number	36762-185254

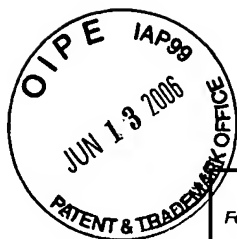
**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> <b>Fee Transmittal Form</b>  <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> <b>Amendment/Reply</b>  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> <b>Extension of Time Request</b>  <input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> <b>Information Disclosure Statement</b>  With From SB/08/A and 8 refs. Attached.	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
	<input type="checkbox"/> Request for Refund	
	<input type="checkbox"/> CD, Number of CD(s) _____	
	<input type="checkbox"/> Landscape Table on CD	
<b>Remarks</b>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	VENABLE LLP		
Signature	<i>Kavita B. Lepping</i>		
Printed name	Kavita B. Lepping		
Date	June 13, 2006	Reg. No.	54,262

::ODMA\PCDOCS\DC2DOCS\1759534\1



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/824,410
<b>TOTAL AMOUNT OF PAYMENT</b>		Filing Date	April 15, 2004
<b>(\$) 300</b>		First Named Inventor	Steven W. Mitchell
		Examiner Name	John B. Sotomayor
		Art Unit	3662
		Attorney Docket No.	36762-185254

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	Fee (\$)	Small Entity	SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
		Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)		
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES		
Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims				Multiple Dependent Claims	
Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)	
- 20 or HP	x	=			

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims			
Extra Claims	Fee (\$)	Fee Paid (\$)	
- 3 or HP	x	=	

HP = highest number of total claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge):	
Extension of Time (one month)	\$120
IDS Fee	180
	\$300

<b>SUBMITTED BY</b>			
Signature	<i>Kavita B. Lepping</i>	Registration No. (Attorney/Agent)	54,262
Name (Print/Type)	Kavita B. Lepping	Telephone	(202) 344-4000
		Date	June 13, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.